

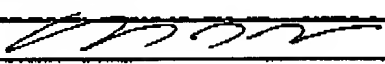
PTO/SB/21 (02-04)

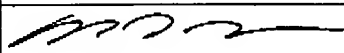
Approved for use through 07/31/2008 OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/562,503	
	Filing Date	December 22, 2005	
	First Named Inventor	BEDETTI	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	9526-74

RECEIVED**CENTRAL FAX CENTER****MAY 04 2006**

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Communication Regarding Incorrect Filing Date Copy of Express Mail Receipt
Remarks Please charge any fee deficiencies or credit any overpayments to Deposit Account No. 50-0951.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Mark D. Passler, Registration No. 40,764 Akerman Senterfitt	
Signature		
Date	5-4-06	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on the date shown below		
Typed or printed name	Mark D. Passler	
Signature		Date
		5-4-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: BEDETTI

Application No. 10/562,503

Examiner:

Filed: December 23, 2005

Group Art Unit:

For: FLUID BED GRANULATION PROCESS AND APPARATUS

RECEIVED
CENTRAL FAX CENTER

MAY 04 2006

COMMUNICATION REGARDING INCORRECT FILING DATE

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313-1450 on 5-4-06


Mark D. Passler Reg. No. 40,764


Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In the above-identified application, the filing date is incorrectly listed as December 22, 2005 on the postcard. However, the application was filed with the United States Patent and Trademark Office on December 23, 2005. A copy of the Express Mail label showing the date stamp is enclosed. Applicant respectfully requests that the actual filing date of December 23, 2005 be made of record and that the Filing Receipt show the correct information.

Respectfully submitted,



Date. 5-4-06


Mark D. Passler
Registration No. 40,764
Akerman Senterfitt
222 Lakeview Avenue, Suite 400
Post Office Box 3188
West Palm Beach, FL 33402-3188
Telephone: (561) 653-5000

Docket No. 9526-74

{WP303826:1}

BEST AVAILABLE COPY

 EV 336981609 US		Customer Copy Label T-P June 2002	
		 EXPRESS MAIL UNITED STATES POSTAL SERVICE	
ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PSN AP CODE Date In Mo Day Year Time In AM PM Weight lbs oz NO Delivery <input type="checkbox"/> weekday <input type="checkbox"/> holiday	Day of Delivery <input type="checkbox"/> reg <input type="checkbox"/> delivery <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day Priority <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day Return Receipt For COD Fee Insurance Fee Total Postage & Fees	Delivery Attempt Mo Day Delivery Attempt Mo Day Delivery Date Mo Day Employee Signature Employee Signature Employee Signature	Flat Rate Envelope Postage Return Receipt For COD Fee Insurance Fee Total Postage & Fees
CUSTOMER USE ONLY METHOD OF PAYMENT: Express Mail Certified A/C NO.		Federal Agency Acct. NO. or Postal Service Acct. NO.	
FROM: (PLEASE PRINT) AKERMAN SENTERFITT, EIDSON P.A. 222 LAKEVIEW AVE STE 400 WEST PALM BEACH FL 33401-6147 PHONE: 561 653 5000		TO: (PLEASE PRINT) MAIL STOP PCT COMMISSIONER FOR PATENTS PG BOX 1450 ALEXANDRIA VA 22313-1450	
PRESS HARD You are thinking of...		FOR PICKUP OR TRACKING CALL 1-800-222-1811 www.usps.com	